VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	9036	PEIZIII IQA	TE OF BEATT	•	Reg. Dist. No.
1.	a. COUPTY VELPHEN	MARYLAND	2. USUAL RESIDENCE (WAS	- " D b COMBITY	on Residence before admission) VCh est-cy
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)	Lefe.	c. CITY OR TOWN (II o	utside corporate limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	shrag Cue	PEC. S. IS RESIDENCE ON A FARM? YES NO [
3.	NAME OF DECEASED (Type or print)	Middle WILL	1901 Adams	4. DATE Mon	Day Year / 3 19.5
	6. COLOR OR RACE 7. MARRIED NEV	DIVORCED 🗌	March 9, 18	9. AGE (In years lost birthday) yrs.	Manths Days Hours Min
L	0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BI during most of working life, even if retired) Water Man.	LOO OF	Da Hor	or foreign country)	12. CITIZEN OF WHATCOUN
13	3. FATHER'S NAME	915.	14. MOTHER'S MAIDEN N	SIE SIT	ith.
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. IN	Plan.	Bernice	"A. SIMMON
	18. CAUSE OF DEATH [Enter only one couse per line for (a). (b. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	VIO SCI	Protic A	eart Disea	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which) (b)	de cor	upensate	su.	440.
	gove rise to immediate couse (a), stating the under- lying cause last.	to leg !			
2		NG TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS
AT.	1/011	10.			PERFORMED?
CERTIFICATION		INJURY OCCURRED	. (Enter nature of injury in f	art I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCI While Not w of work of work of work of work of work.	hile foct	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.		(Caunty) (Sta
	21. I certify that I attended the deceased from	Rugest	5 1958 10 (Deepert /31951	that I last saw the deced
					and on the state stated abo
	SIGNATURE // QUINCE (-)	Keul	6 Fish	ug Crick	Mauglar
	PHYSICIAN'S NAME (Type)	Janvi	CEI Sh	ub /	6 /
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAM REMOVAL (Specify)	E OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	ar county) (State)
_	Burial 8/15/58 Hoos	ier Churc		Fishing Cree	
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRI			- 1	STRAR'S SIGNATURE
	LeCompte Funeral Service Cam	bridge Mo	DATE A	NB 1 3 20	

and the past of	ATE OF DEATH		
		C	
			The second of th

VS A15 (4) 15M 9/55

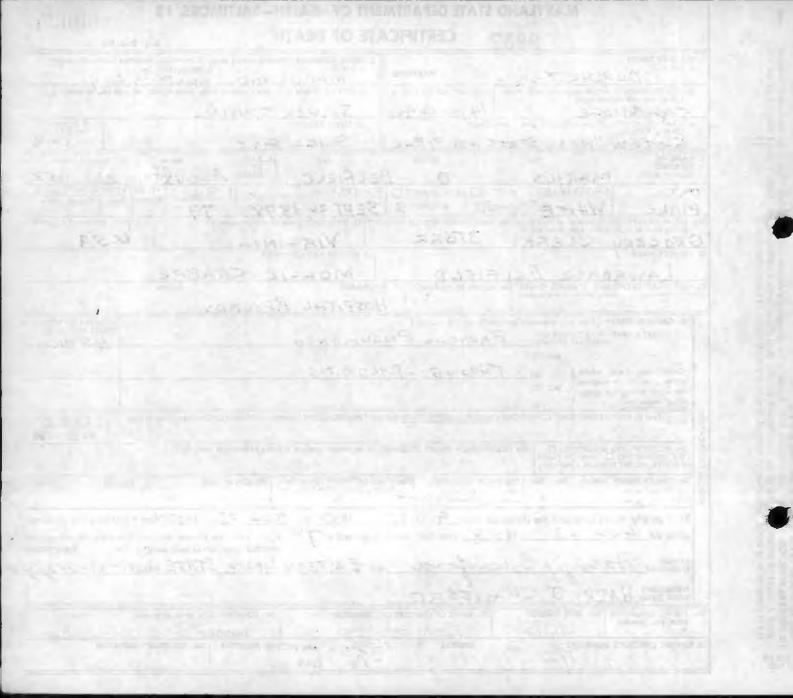
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-		pup	ded, uo	danth
		sicion o	re corb	re often
		ng phy	remay	72 500
		offendin	please	widein
		y the	. Then	- married
		n signed by the offending physician and pletely filled in by the funeral director,	permit	the one want within 72 house after death
-	6	- S	32.0	Park

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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U	J	U	4	e)	

	9037	CERTIFIC	ATE OF DEATH	· R	eg. Dist. No.
1. PLACE OF DEATH a. COUNTY	RCHESTER	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	b. COUNTY	Residence before admission)
b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write RUR	
RURAL and give ne		14 YRS 101703	TUVER	SPRING /	556.2
	AL (If not in hospital, give street	oddressy	d. STREET ADDRESS	De l'Illian	e. tS RESIDENCE ON A FARM?
	SHORE STAT	E HOSPITAL	SLICE	AVE	YES NO NO
3. NAME OF DECEASED (Type or print)	Fint	Middle	BELFIELD	4. DATE Month OF DEATH	Day Year
5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	1066	UNDER 1 YEAR IF UNDER 24 HRS.
MALE	WHITE MOW		SEPT 26 18	lost birthdoy) W	onths Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
GROCERV	1 1 mm 2 -	STORE	VIRGI	NIA.	U.5A
13. FATHER'S NAME	,	***	14. MOTHER'S MAIDEN N		
LANGE	ENCE BEL	FIELD	MOLLI	E CRABBE	
IS. WAS DECEASED EVER		And the last of th	INFORMANT	Address	
(Yes, no, or unknown)	If yes, give wer or dates of service)		3		
IN CALLER OF BEAT	na Fe		HOSPITAL I	FLORDS	
	TH [Enter only one couse per lin TH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (0)	BRONCHO Pr	TEUMONIA		48HRS
464X	DUE TO	_			
Conditions, if an	y, which) (b) T	HRUMBO-P	HLEBITIS		
gave rise to im couse (a), stating to		•			
Tying cause last.	(c)				
PART II. OTH 49 200. ACCIDENT WAS OR CONTRIBUTING IIF EITHER, NOTIFY	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART
- 1	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	Port I or Part II of item 18.)	
20c. TIME OF INJURY Hour e. ji. p. m.	While	NJURY OCCURRED 20e. F Not white t ot work	LACE OF INJURY (Home, form octory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
21. I certify the	at I attended the deceas	ed from APR 25	, 1958, to A	Us 23 10178	hat I last saw the decease
alive on A i			40	2 4 5 d	on the date stated above
dive on	- <u></u>	zz_, and that dear	n occurred at	M, from the causes and ADDRESS (Street, city or town, stat	on the date stated abov DATE SIGNE
ACTUAL 94	Mars & for	2007-11			DATE SIGNE
SIGNATURE / Y	word & sta	wife on.	M.D. EASIEKN	SHORE STATE!	+0512 1400-23/9
PHYSICIAN'S 11	IRRY J CRA	WEGRD			
220. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or c	ounty] (Stole)
13	8/27/58	Belmont ce	metery	Warsau	Virginia
23. FUNEFAL DIRECTOR'S	SIGNATURE /	ADDRESS Camb			AR'S SIGNATURE
1-104	NOTELI	NEVALS	Thill 1		100 4



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 9025

09026 Reg. Dist. No.

1. PLACE OF DEATH			MARY		o. STATE	Maryla		l lived. If instituti b. COUNTY		heste	C
b. CITY OR TOWN (I	haster Co	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			rote limits, write R			
RURAL and give no			39 years		3 0	ambrid	loe.				
	AL (If not in hospital, g	ve street o	address)	•	d. STREET		150			- 0.1	IS RESIDENCE ON A FARM?
					1 20	8 Bely	redere	A ====		Y	ON A FARM?
3. NAME OF	Servedere A	ve.	Middle				4. DATE				
DECEASED (Type or print)			Miodie	Į.		2sI	OF DEATH	Mor	-	Day	Year
5. SEX '		avde	II.		enton.		DEATH	D 4050	8	TC	1958. UNDER 24 HRS.
2. 2EX			IED NEVER MARRIE		DATE OF BIR	4		 AGE (In years last birthday) 	Months		ONDER 24 HRS.
M.	White	WIDOWE			3/10	/1890.		68 уп.			
10o. USUAL OCCUPATION during most of work	N (Give kind of work or ing life, even if retired)	one 10b.	KIND OF BUSINESS OF	R INDUST	Y 11. SIRTH	PLACE (Stote	or fareign co	ountry)	12. CI1	TIZEN OF V	WHAT COUNTRY?
Meat Sal			Corkhill 39			yland.			U	.S.A.	
13. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				
William 3	Benton.										
15. WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	RMANT			Cambri 4	ten Mg	-	
NO a	If yes, give war or dates of se		L2-037556		Mrs Cl	ande F		. 308 Be		-	0
	TH [Enter only one con				10 01	_cauce a	2011001	300 20	Tvede		AL BETWEEN
	TH WAS CAUSED BY:	rae per mi			2.	o Ii	. 4	14/1-	7		AND DEATH
20 A 20 .	IMMEDIATE CAUSE (6)		/4/-		1400	enru	7	m	43	-	money
002X	DUE 10		1		V	1. 5	A.	1		12	
Conditions, if or			ww	va	4 1	- un		seuse		1	yrs.
gove rise to it			V.V.	4	0	1	11.0 -	0		1/2	1
lying couse lost.	(c)		1, 000	W-V	any	Ju	Nex.	word		7/14	yr.
PART H. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	T RELATER T	O THE TERM!	NAL DISEAS	CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS AUTOPSY PERFORMED?
3											S NO
PART II. OTH	S UNDERLYING CO	20b. DESC	RIBE HOW INJURY OF	CURRED.	Enter noture	of injury in P	art I or Pari	11 of item 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
20c. TIME OF INJURY	Month, Day, Yea	20d. IN	UURY OCCURRED	20e. PLAC	OF INJURY	(Home, form,	20f. (City	or tawn)	16	County)	(State)
Hour o.m.	19	While of work	Not while	focto	y, street, affi	ce bldg., etc.)		,	- ,,	
			77	3		1	01		F		
21. I certify th	at I attended the	decease				G to					the deceased
alive on	1-1	_روا إ	and that	death a	ccurred a	1	L.M. fran	n the causes o	and an t	he date	stated abave.
(A.					ADDRESS (SI	reet, city or tawn,	slote)		PATE SIGNED
ACTUAL SIGNATURE	menne	MI	anjour).	15	6K	ace ?	1.	7	12158
			MA				0		,		
PHYSICIAN'S NAME (Type)	-gmren	(6	LAMPLAS	LHOV	MIL)	C 9	mbric	198	Md	
270. BURIAL, CREMATIO	N. 22b. DATE THEREO		22c. NAME OF CEME	TERY OR O	REMATORY		22d. LOCAT	ION (City, town,	ar county)		(Stote)
REMOVAL (Specify)	0/0/5	ρ	Donohoot	no 35 an	Davil					~ 4	(0.0.4)
23. FUNERAL DIRECTOR	SIGNATURE	0	ADDRESS ADDRESS	T. Mel	ran		BY REGIST	midge, M	STRAR'S SIG	GNATHRE	
	Funeral Se	rvi ce		e. Mo	l.					& Krau	
Le Compte	- Mierar Se	7 4-00	,	, , , , ,		DATE 0			- January	a. / viau	4.

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It, If any delay is necessary, please exemple the funeral director. Page 4 should be ned for your files. with the registror prior to burial, cremation, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after depth, cute the certificate, writing the word "penaling" in penali in them 18. Give Pages 1, 2, on find forwarded to the Chief ical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Tage 3 should be used as a buriol-transit permit. File pages 1 and 2 with the contraction of the cont

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09027

	1026 m	EDIC	AL EXAMIN	ER 3	CERTIFICA	TIE OF	DEATH	Reg. D	Dist. No		7 to 10
I. PLACE OF DEATH	rchester		MARY	LANO	2. USUAL RESIDENCE	Where decea	sed lived. If Institu	Y			ission)
b. CITY OR TOWN	If outside corporate limits, w	ite RUEAL	C. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		porate limits, write	RURAL on			wa)
Cambrid	·		None		V Rishon	's Head					
d. NAME OF HO	SPITAL OR INSTITUTION	•	ospitol, give street addres	15]	d. STREET ADDRESS		•			ON	ESIDENCE A FARM?
	e Maryland I	10SP1			None					YES] 40 [
3. NAME OF DECEASED (Type or print)	Lybrand	irst	Me Middle	Br	amble	4. DATE OF DEATH	Moni Aug	_	20		feor 19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D 🔲 8. I	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDE			ER 24 HRS
Male	White	WIDOW	ED DIVORCED	D D	ec. 12th.	1887	70 yn.	Months	Days	Hours	Min.
during most of wo	rking life, even if retired)		KIND OF BUSINESS OR	INDUSTRY	Maryland	ote or foreign e	pountry)	12. CIT		F WHAT	COUNTRY
13. FATHER'S NAME				1	14. MOTHER'S MAIDEN	N NAME		- 1			
Thomas B	ramble				Medor	a Murph	v				
15. WAS DECEASED	EVER IN U. S. ARMED FO		S. SOCIAL SECURITY NO.	17. INF	ORMANT		Address				
(Yes, no, or unknown)	(If yes, give wor or dates o	f service)	215 14 3953	Mr	s. Zula Br	amble (Wife) Bi	shop!	s He	and.	Md.
18. CAUSE OF D	EATH [Enter only one co			1		,		-		RVAL BETW ET AND DE	
PART I. D	EATH WAS CAUSED BY:	, Co	oronary Occl	usio	n					5 Mi	
420.1	IMMEDIATE CAUSE (
Canditions, H		A	rterio-scler	otic	Cardio-va	scular	Renal Di	sease	1	2	
gove rise to im	mediate cause (-									
(o), stating the	e underlying		rterio-scler	osis	•				1 3	2	
PART II.	OTHER SIGNIFICANT COI	NOITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TES	RMINAL DISEAS	E CONDITION GIV	VEN IN PAI		9. WAS PERFO YES	AUTOPSY ORMED?
	CAUSE WAS CONTRIBUTING []	Ob. DESCRI	8E HOW INJURY OCCUP	RRED. (Ent	er noture of injury in F	Port I or Port II	of item 18.)				
20c. TIME OF IN	JURY Month, Day, Yo			On. PLACE	OF INJURY (Home, Fo	orm, 20f. (City	y or town)	(Co	unty)		(Stota)
Heur o.	m. — 19	" Wh	ile Not while	toctory	, street, office bldg., e	erc.)					
		e of the	remains described	d abave	e, held an Autor	psy , I	nspection 7	Inqui	ry [7]	and	find the
	ed from: Natural		- EE		. —		ndetermined o	_	_	, -,,-	1110
ACTUAL SIGNATURE_	Eldrid	157	4. Wal	1/	M.D. CHIEF MEDICAL	EXAMINER				DATE :	MGNED
EXAMINER'S NAME (Type)	Eldridge H.	Wolfi	r,m.D.	10	ASSISTANT MEDICAL		Report .				
	TION, 226. DATE THERE		22c. NAME OF CEMETE	ERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
Burial	Aug. 23	58	Dorchester	Mem	orial Park	Ca	mbridge,	Md-			
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIST	TRAR 24b. REGI	STRAR'S SI			
LeCompt	e Funeral Se	rvice	e, Cambridge,	Md.	DATE	AUG 2 8	58 a	rilling S	. The	MA	

VS. A15ME(5) 5M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beath certificate be essented within 24 liquing offer death. Fage a

may be retained by the hosp TO FUNERAL DIRECTOR: Aft

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	9027		CERTIFI	CATE O	F DEAT	Н		Reg. Dist	,	09028
1. PLACE OF DEAT	Dorchest		MARYIAM	II D STA	re `	Where deceases	b. COUNTY		ches	
RURAL and gi	/N (If outside corporate lim ve negrest town) ridge	its, write	c. LENGTH OF STAY IN	1b c. CiTi	·	f outside corpo	rote limits, write RI	URAL and gi	ve nearest	lown)
d. NAME OF HO	OSPITAL (If not in haspital,			d. STR	EET ADDRESS		Street		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Mami	-	Middle Davis	Ch	Lost a.s.e	4. DATE OF DEATH	Mon	th	Day 1 L	Year 19 58
5. SEX	6. COLOR OR RACE		IED NEVER MARRIED	8. DATE OF	BIRTH	060	9. AGE (In years last birthday)			JNDER 24 HRS.
Female 100. USUAL OCCUP	Negro PATION (Give kind of work working life, even if refired			PIG V		te or foreign co	98 yrs.	12. CITIZ	ZEN OF W	HAT COUNTRY
	ewife		Housewife	В	altimo	ore. M			USA	
IS. WAS DECEASED (Yes. no. or unknown) NO	ET 1 Da	Vis RCES? 16. Hervice)	SOCIAL SECURITY NO.	Josep		manda	<u>Davis</u>			
PART I. Conditions, gave rise t	DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO if only, which a immediate ting the under of the country on the country of the coun	0)	Arteriosel				850		ONSET A	AL BETWEEN AND DEATH
ZOO ACCIDENT	OTHER SIGNIFICANT CON		ONTRIBUTING TO DEATH					EN IN PART	PE	VAS AUTOPSY ERFORMED? S NO
20c. TIME OF IN	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	ar 20d. II		PLACE OF INJ		rm, 20f. (City		(Cc	ounty)	(State)
21. I certify alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	galita	195			ot 10	P.M. from		nd on the	e date s	
220. BURIAL, CREM. REMOVAL (Spe Burial	ecify)	958	22c. NAME OF CEMETER Waugh Ce		PRY		on (City, town, obridge.		yland	(State)
23 FUNERAL DIRECT	TOR'S SHEMATURE	ms (ADDRESS Cambri	dge. M	24a. REG	C'D BY REGIST	RAR 24b. REGIS	inthon S		4

	NT OF HEALTH-BALTIMORE, TO	IND STATE DEVAMA		
Marga L	TE OF PEATH	ADIFICA		
	La Caracteria Caracter			
			NAT LES	13
	1864-1-18-18-18-18-18			
1160 2				
			LA COMPANY	
			New President	
20)3	The state of the s			1-
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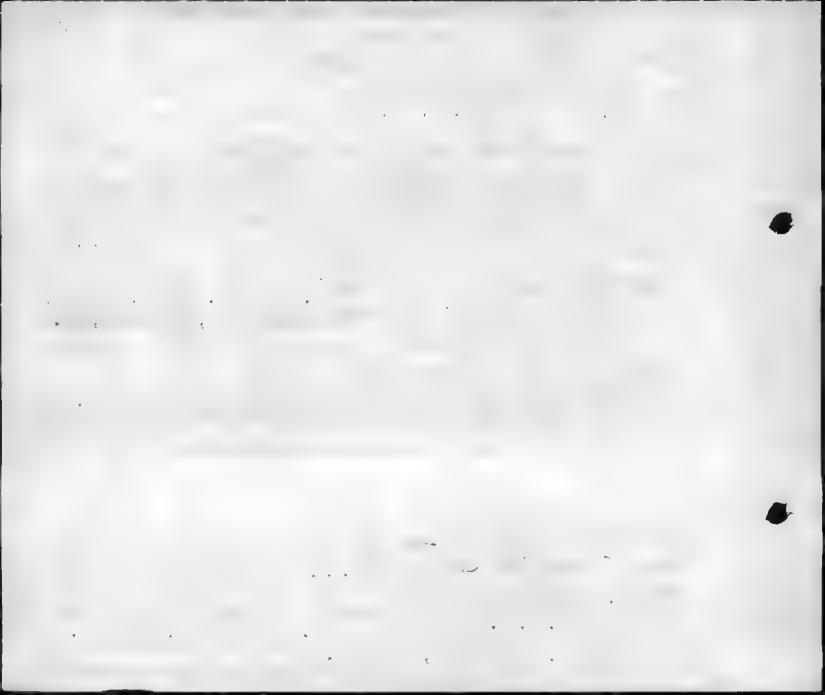
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9038

CERTIFICATE OF DEATH

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4000	CERTITION	TIL OI DEATI	4		Reg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	here deceosed	lived. If institution b. COUNTY	n Residence bet	
b. CITY OR TOWN (If outside corporate limits, write c. l	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nan limita waita DI		
RURAL and give nearest town)				ole limits, write KU	KAL ond give n	egrest town]
	yr.Lmo.17da.		sbury		1	K
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	ess)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Eastern Shore State Ho	ospital	Pine	way			YES NO 🖾
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	h C	Day Year
(Type or print)	Edward	Coffin	OF DEATH	Aum	nat.	1 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH		9 AGE (In years I		R IF UNDER 24 HRS.
Male White WIDOWED	1.0	3-16-95		last birthdoy)	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND			or foreign co	YI	12. CITIZEN	OF WHAT COUNTRY?
during most of working life, even if retired)		Marwland		,		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	314414		U . C	S.A.
3dward Coffin		Lillie	Alice			
/ IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	IAL SECURITY NO. 17. #	MR. He	arold	H. Coff	1m (Br	other)
es orld War I 198	-09-051.7	<u>.ಒ.70 ′.S, ಬಿಣಕೇ</u>	<u> </u>	ion's State	-0° ni	al
18. CAUSE OF DEATH [Enter only one couse per line for	r (o), (b), and (c).]	Northwoo	od Dri	ve, Sal	TROUB	
PART I. DEATH WAS CAUSED BY: He a:	rt Failure				Or	ISET AND DEATH
3 / DUE TO				•		
Conditions, if any, which } Broi	nchopneumoni	a.				
gove rise to immediate						
Park	inson's Disea	ase -Post Epi	-amic	Encephal'	itis S	Sev. years
E 11/2	KINDTING TO DEATH BOT	NOT KEDTED TO THE TERM	HAVE DISEASE	. CONDITION GIVE	TA HALL HO!	PERFORMED?
3 491X	. Harris and a decimal					YES NO A
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED	D. (Enter nature of injury in	Part I or Parl	II of stem 18.)		
	Y OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (Cily	or lown)	(County	r) (Stote)
Hour o. m. 19 While of work	1 401 WILLIE	tory, street, office bldg., etc	:.)			
		19-13 . A		1 =0		
21. I certify that I attended the deceased f						
alive on Aurust 4 1958	, and that death	occurred at 9:12				
115	. 0		ADDRESS (St	reet, city or town, s	tote)	DATE SIGNED
SIGNATURE SIMOU UNA	ar-	M.D. R.S. S. Hosp	ital C	arhridae	File	<u> </u>
PHYSICIAN'S	1					
NAME (Type) Dr. Simon Virkutis						
270. BURIAL, CREMATION, 226. DATE THEREOF AUG. 6.58.	C. NAME OF CEMETERY O	R CREMATORY	22d LOCAT	ION (City, town, or	county)	(State)
water was 0.00.	ODD FELI	OWS CEM.	MIL	LSBORO.	DELAW	ARE.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGIST	RAR 24b. REGIST	TRAR'S SIGNATI	URE
Holloway & Co. Salis	sbury, Mar	yland. DATE	11C C 15	9 000	(



ar removal.

VS. A15ME(5) 5M 9/55

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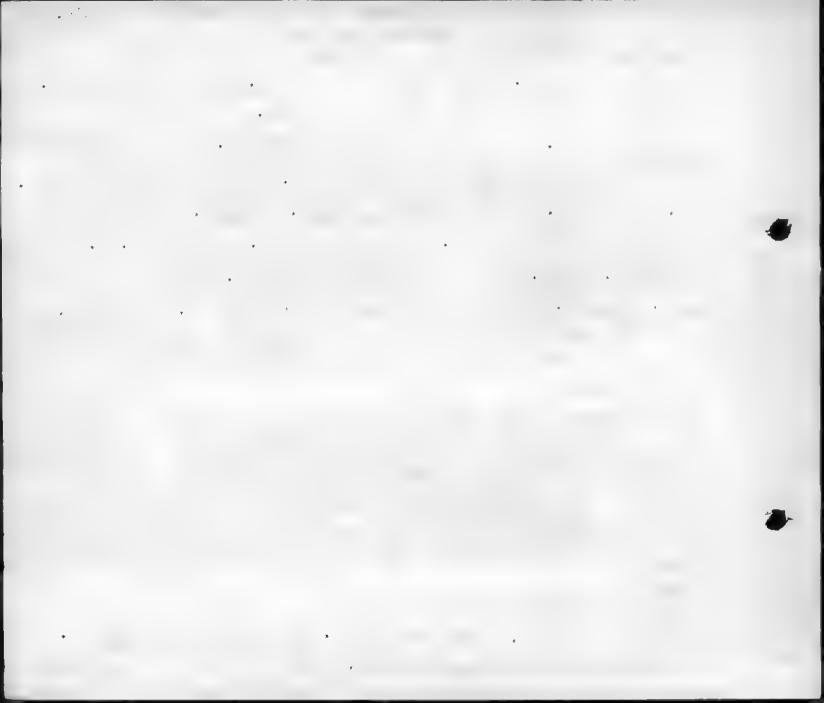
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		U	IJ	IJ	<u></u>	Ų.
Reg.	Dist.	No				

	ì. P	LACE OF DEATH	Dorchester		MAR	YLAND	a. STATE MCL		ned lived If Institu b. COUNT			ission)
		ambridge	outside corporate limits, write	RURAL	5 Mo.	(IN 1b		N (If autside car certon	rporate limits, write	RURAL ond (give nearest to	own)
٦ :			hore State		ospital, give street addresital	65s)	d. STREET ADDRE	SS			ON	A FARM?
		NAME OF DECEASED Type or print)	Josepl		James	Conn	Last L OT	4. DATE OF DEATH	August			195 8
		Male	6. COLOR OR RACE White	WIDOW			Jan. 28.	1887	9. AGE (In years lost birthday) 7/ yrs.	Months D	YEAR IF UND Dys Hours	Min.
		USUAL OCCUPATION MOIL OF WORKING MOIL OF WORKI	70	done 10b.	KIND OF BUSINESS OF Building	NDUST	In Birthplace (* Trelation 14. Mother's Maid Matilda	OCL DEN NAME			In of what	COUNTRY
		WAS DECEASED EVE	ER IN U. S. ARMED FO IT yet, give war or dates of		S. SOCIAL SECURITY NO		cords E.S.	.S. Hosp	Address oital Ca	ambr 1 d	ge, Md.	
		PART I. DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO hy, which (b) liate cause		o for (a), (b), and (c).] Coronary occurrences			0850			INTERVAL SETWONET AND DE	VEEN VEEN
j.	CERTIFICATION		Chro	nic 1	CONTRIBUTING TO DEA ORAIN SYNCT IBE HOW INJURY OCCL	ome				EN IN PART		AJTOPSY DRMED?
	MEDICAL CERTI	20g. EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH. 20g. TIME OF INJUI Hour o. m. p. m.		ır 20d	. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, affice bldg.	form, 20f. (Cit	ly or lown]	(Covn	†y)	(State)
			fram: Natural		Accident		cide 🔲, Hami		Inspection			find that
0 ,		EXAMINER'S NAME (Type)	John	Mace	Jr.			EDICAL EXAMIN			8/23	/58
	_2	REMOVAL (Specify)	8-26-	58	MT. MO	TERY OR	4 CEMTY	PH	ATION (City, Iown,	f	7=NN/	
	23.	FUNERAL DIRECTOR	S SIGNATURE	7	STILL PON	0,	/11 D_ 240.	REC'D BY REGIS	A E O	STRAR'S SIGN		



		9028		CERTIF	ICA	TE OF L	EATH			Reg. Dist. No	o	
1.	PLACE OF DEATH					2 USUAL RESI	DENCE (Whe	re deceased li	ved. If institution b. COUNTY	on: Residence bef	are odmis	sion)
L	_	rchester C	0	MARYL	AND	_	farvla	nd.	5. COUNT	Dorche	ster	Co-
		autside carparate limi		c. LENGTH OF STAY II	N 16				e limits, write Rt	URAL and give n		
	Cambridge			Life		Car	bridg	e.				
П	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	oddress)		d. STREET A	DDRESS				e. IS RES	SIDENCE A FARM?
	103 Lo		<u> </u>			16	3 Loc	ust St.] NO [7]
3.	NAME OF DECEASED	Fir	st	Middle		Las	1	4. DATE OF	Mani	ih E	Day	Year
	(Type ar print)	An	nie	Warn	ren	Crei	ightor	DEATH	8		73	19 58.
S.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	B 8	DATE OF BIRTI	н	9.	AGE (In years last birthday)	IF UNDER TYEA		
	F.	White.	WIDOW	ED DIVORCED		6/4/18	378.		80. yrs.	Months Days	Hours	Min.
10	during most of worki	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUST	RY IT BIRTHPL	ACE (State a	r fareign caun	lry)	12. CITIZEN	OF WHAT	COUNTRY?
	Housewife	*		NONE.		I	aryla	nd.		U.S.	Α.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	AME				
	William J	. Robbins.				Mam	Jane	Cook				
1 <u>S</u> .	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT	OCALIC	OOOK	Addr	ess		
120	NO a	If yes, give wor or dates of a	suice)	NONE	Ec	lna Robb	ins.l:	2(F) as or	OW CH C	la mile and al m	. 36	,
F	18 CAUSE OF DEAT	TH [Enter only one so	use per li	ne fet (g). (b) and (c).]				1	ساسم فالمالية المالية	ambridge	LERVAL BE	ETWEEN
		TH WAS CAUSED BY.		(and		B-11 1 1	1	1	/	87	SET AND	DEATH
	16719	IMMEDIATE CAUSE (o	,			61460	7	Y COPV		/×	2 /10	45-X-
	15/X	DUE TO	·				4					
	Canditians, if an	nmediate	,									
	cause (a), stating 1											
_	lying cause last.) (c)									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT N	IOT RELATED TO	THETERMIN	IAL DISEASE C	ONDITION GIV	EN IN PART 1(a)		DRMED?
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enler nature a	f injury in Po	ort I ar Part II	af item 18.)			
CAL	20c. TIME OF INJURY	/ Manth, Day, Yes	pr 20d. II	NJURY OCCURRED 2	Oe PLAC	E OF INJURY	Home, form,	20f (City or	town)	(County	()	{Stote}
MEDICAL	Hour a.m.	19	While	Nat while	facto	ory, street, affice	bldg., etc.)	1				
2	p. m.			77		10/7		5/12				
	1	at I attended the	deceas	- 7/		, 192/2	., 10			"that I last s		
	alive on	1	, 19_	and that o	death (accurred at				nd an the de	ate state	ed above.
	ACTUAL C	111 79			,	100	/	DDRESS (Street	it, city or town,	itote)	0	ATE SIGNED
	SIGNATURE	1100		11 Jeans	1 M	.D	4-6	O CC	ST	74	2/	141
	PHYSICIAN'S NAME (Type)	V.HH	AB	NKS	a maraja	C	ALL	BR	160	710	L	12.2
22	BUR AL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c NAME OF CEMET	ERY OR	CREMATORY'		22d. LOCATIO	N (City, town, a	ir county)	(Stat	le)
	Bunia	8/15/	<u> </u>	Cambridge	e Cer	netery.		Can	bridge		Md	
23.	FUNERAL DIRECTOR'S	SIGNATURE	70.	ADDRESS				BY REGISTRA		TRAR'S SIGNATI		
	T.e. Comp	te Funeral	Sem	rice. Camb u i	ldge.	Md.	DATE A	UG 1 9 15	8 6	Irilan S. F	inally	



CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY b. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Cambridge Cambridge d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge Maryland Hospital YES NO NAME OF First Middle 4. DATE lad Month Year Doy DECEASED Infant Girl Dayton DEATH (Type or print) 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TE B DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months. Doys Hours Min Female White WIDOWED | DIVORCED [7] 0 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None None Maryland LISIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Dayton Shirley Robbins WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No Robert Dayton: No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) 31.4 DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour Q. m While Not while of work of work 1955 that I last saw the deceased 21. I certify that I attended the deceased from alive an and that death accurred at 10 T__M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DÁTE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 8/3/58 Dorchester Memorial Buri al Cambridge Dorchester. Maryland 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Le Compte Funeral Service, Cambridge, Md. DATE ALIG 5

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MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE, 18

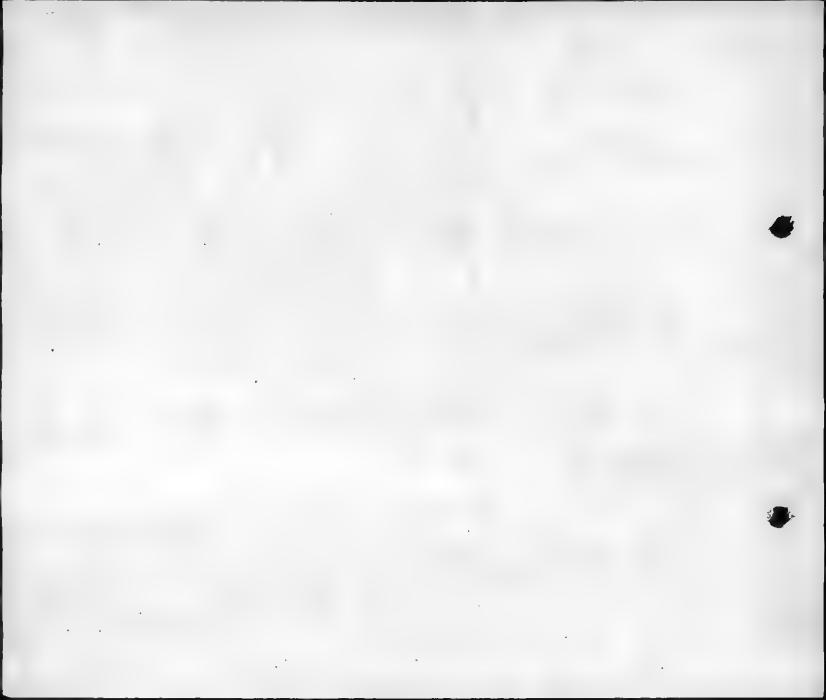
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4411	WILESHIED OF	MIE DEI MIKIMEI	II OI IILALIII-		THE PERSON NAMED IN	10	
9040	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Reg. Di	ist. No.

1. PLACE OF DEATH O. COUNTY DO	rchester	Marie	MARYLAND	2. USUAL RE	SIDENCE (Where Maryla:		b. COUNTY	Porche	
and give newest town	estride corporate limits write l	IUFAL 6	Life	c. CiTY OF	Hurlock	-		AL and give ne	arest town)
	AL OR INSTITUTION (IF	nat n hospite	al, give street address)	d STREET					e IS RESIDENT E
Bobt	own			11.	Bobtow	n			YES NO
3. NAME OF DECEASED (Type or print)	Berth	la.	Middle Lulu	Elber	n+ 0		August	15	19 58
5, SEX	6. COLOR OR RACE	MARRIEDS	NEVER MARRIED	DATE OF BIRTI	Н		houth don't		IF UNDER 24 HRS
Female	70-0	WIDOWED [1384		74 yrs	nths Days	Hours Min.
during most of working Housewoi		ne 10b KiNi	Home	Dore	hester C	eign country O., Ma	ryland	U.S.	WHAT COUNTRY?
13. FATHER'S NAME					MAIDEN NAME				
James	Atkinson			Harr	iett Con	OWEY			
15. WAS DECEASED EVE	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	v ce)		dgar Ell	bert, Hu	clock,	Address Marylar	d, R.D.	
PART I, DEAT	ligte couse	My	(o), (b), ond (c).] Ocardial f Certens <u>i</u> ve					thaten Onset	at Between and Death
(o), storing the u couse lost. PART II, OTH PART II, OTH PRIMARY II or CON CAUSE OF DEATH.	(c)_	TIONS CONT	R BUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL D	DISEASE CON	DITION GIVEN I		. WAS AUTOPSY PERFORMED
7	SE WAS TRIBUTING []	DESCRIBE H	OW INJURY OCCURRED (inter nature of in	njury in Port Lor I	Part II of iter	n 3#)		
29c. TIME OF INJUR	Y Month, Day, Year	White		CE OF INJURY (ory, street, office	Home, form, 201 bldg., etc.)	(City or tox	vn)	(County)	(State)
21. I certify th	at I took chorge	of the ren	noins described abo	ve, held an	Autopsy	, Inspec	tion D. Ir	aquiry .	ond in my
opinion deoth	resulted from N	oterot cau	ises 🖺 , Accident	, Suicid	le 🔲, Homi	rcide [],	Undetermin	ned monner	
ACTUAL SIGNATURE	been	2cm	reely	M.D. CHIEF A	MEDICAL EXAMIN	ER []			DATE SIGNED
SIGNATURE.	1		7		ANT MEDICAL EXA	AMINER []			
EXAMINER'S NAME (Type)	John Mac	e Jr.			MEDICAL EXAMI			3	3/16/58
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	T T.	22	hompsontown		y 22d.	iocation (City, town, or con	larket,	Md.
23 FUNERAL DIRECTOR J.J.Frompt	a almina vilar		alsburg, Mary	land	DATE AUG 2		246. REGISTRAL	rs signaturi 1 S. Kram	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, without the word "pending" in pendi in item 18. Give Pages 1, 2 1, 3 to the funeral director. Fage 4 should be forwarded 1. Chief Medical Examiner's Office along with farm PM3. Por may be retained for your files.

TO FUNERAL DIRECTOR: Fage 3 should be used as a build-iransit permit. Filepages 1 and 2 with the State Board of Hedly, mits designated agent, prior to burial, cremation, or remarkal, and in any event within 72 hours after death. VS ATSME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Rea. Dist. No.

- 1												
1	PLACE OF DEATH	chester		MARY		o STATE	ence (whe	ere decessed live	b. COUNTY	Dorche	before odm	ission)
	CITY OR TOWN (I	outside corporate limi grest tawn)	ls, write	c. LENGTH OF STAY	IN 1b	c CITY OR T	OWN (IF o	ulside corporate Lock	limils, write RI	JRAL and giv	e nearest to	wn)
	d. NAME OF HOSPIT	At (If not in hospital, g Front Str		address)		, d. Street A		treet			ON	A FARM?
3	NAME OF DECEASED (Type or print)	Milt		Willey	Hu	rlock,		4. DATE OF DEATH	Augu	st '	7 Day	Year 58
5	Male Male	6. COLOR OR RACE	7. MARR	ED DIVORCE		ebruar		le le	GE (In years post birthday)	Manths D	YEAR IF UN ays Hour	
11	during most of work Carryer	IN (Give kind of work or ing life, even if retired)		kind of Business o Lumber Mill				or foreign countr			S.A.	AT COUNTRY
1;	. FATHER'S NAME			number Pirti		14. MOTHER'S			A TOLINA		+DaRa	
	Villi	iam Hurlock				Ida	F. B.	lades				
15	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.		PRMANT		Hurlock	Addr	7.	rvlano	i
	PART I. DEAT Canditions, if ar gave rise to in cause (a), stating I lying cause last.	IH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ty, which mediate DUE TO	CI	PIONIC AL	· len	a Silem	(e.	De t	17100	e-f	Jew /2	D DEATH-
MOITAGE	PART II. OTH			ONTRIBUTING TO DEA						EN IN PART I	PERF	S AUTOPSY FORMED?
CEDT	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OF	CCURRED. (Enter nature at	injury in P	'art I ar Part II a	f (tem 18.)			
MEDICAL	Haur a.m.	Manth, Day, Yes	While	Nat while at wark	20e. PLACI factor	OF INJURY # y, street, affice	lame, form, bldg., etc.	20f. (City or t	awn)	(Cou	inty)	(State)
	21. I certify the	at I attended the	decease		dogth o	, 19_5g	, to	AM, from th	19.52	that I la	st saw the	deceased
	ACTUAL SIGNATURE	Pung l	B. (Plumu	<u>~~ .</u> M.C	Pres	thy	Morg 1	city or lawn,		S/	SATE SIGNED
	PHYSICIAN'S NAME (Type)	tare ola 1	3. 1-	l'un men		Tre	, hy	Morg	louel			
22	REMOVAL (Specify)	Aug.12,	F	Denton C	emete	REMATORY TY		Denton	ICity town, o	r county) Land	(51	ate)
23	J.J.Frampt	om and Son	Fed	eralsburg,	Mary.	land		BY REGISTRAR		TRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: Alt is certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the registror prior to buriol, cremation, or remaval, and in any miner within 72 hours offer death.

VS A15 (4) 15M 10/57



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ATTENDING

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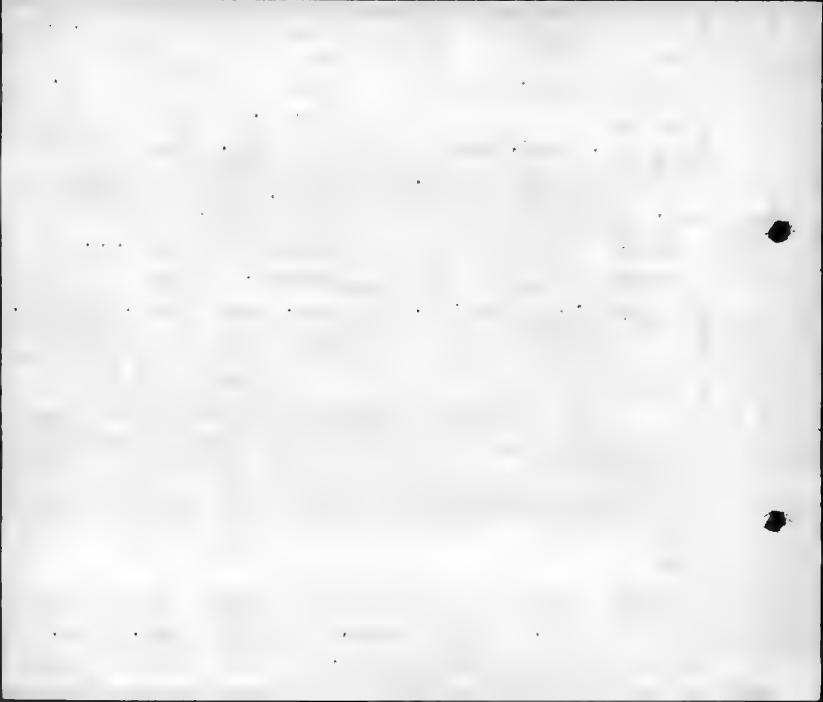
2 attending

Pub

burial-transit physician

cuted

death. ero



e. IS RESIDENCE ON A FARM?

YES NO DE

1958 IF UNDER 1 YEAR! IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? S A r. Walter F. Kelley (Brother) B. D Drive - Salisbury, Maryland Hudson INTERVAL BETWEEN ONSE AND DEATH Generalized Arteriosclerosis with heart PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION ON THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CONDITIO Chronic brain syndrome associated with senile brain Des Psychoff No. K (State) (County) factory, street, office bldg., etc.) Hour a.m. Nat while at wark at of wark 19_58that I last saw the deceased 21. I certify that I attended the deceased fram. 19 58, and that death accurred at 6:20PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Eastern Shore State Hospital Rr.Simmom Virkutis NAME (Type) 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) Salisbury, Maryland Parsons Cemetery 249 RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** HOLLOWAY & COMPANY

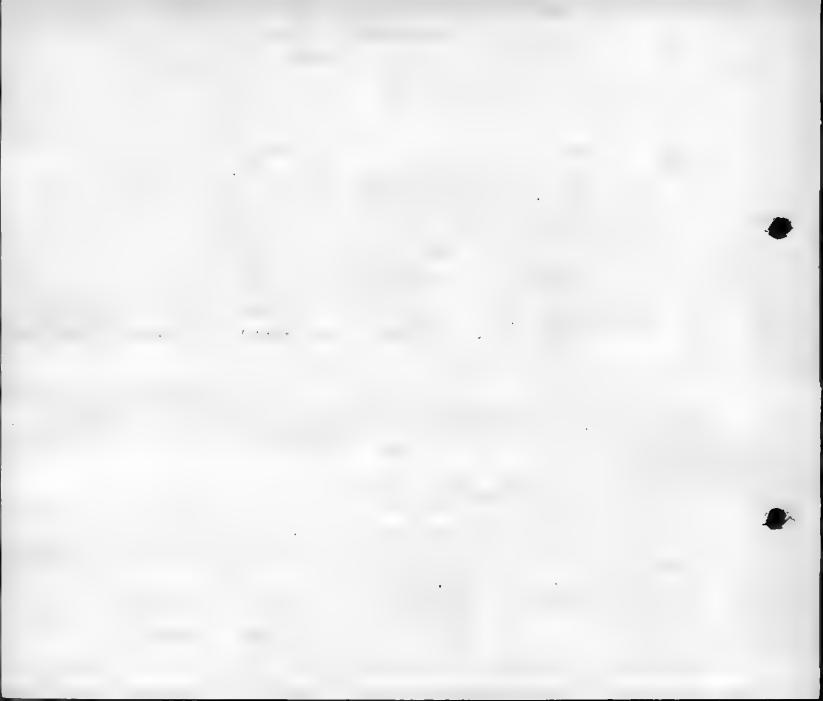
plet GRIC FUNERAL DIRECTOR: oge 3 should be detac

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ofter death.



N		MARYLAND STATE DEPARTME	NT OF HEALTH—BALT	IMORE, 18 09037
1		9031 CERTIFICA	TE OF DEATH	Reg. Dist. No.
director.	1.	PLACE OF DEATH OCCUPATION MARYLAND	2. USUAL ACSIDENCE (Where Receased I	ived. If institution (Rel'dence before admission) b. COUNTY
p. e. a	7	S. CIT) OR TOWN of outside corporate limits, write c. LENGTH OF STAY IN B. RURAL and give beatest town. And the control of th	c. CITY OR TOWN (IF outside Gropous	limits, write RURAL and give nearest town)
by the fun 3.2 shauld	(NAME OF HOSPITAL (If not standard), give street oddress) OR BY STITUTION	d. STREET ADDRESS	Is residence ON A FARM? YES NO
illed in	3.	NAME OF DECEASED (Type or print) NAME OF First Right Middle AND PRINT RIGHT	d Klog 4. DATE OF DEATH	Magfith /22 1958
rs. Pag	1	SEX 6. COLOR OF PACE 7 MARRIED NEVER MARRIED 8. Nale Wildowed DIVORCED 7	the same of the sa	AGE (In years of FUNDER) YEAR IF UNDER 24 HRS. Manths Doys Haurs Min.
death,	185	SUSUAL OCCOPATION (Give kind of war) dage 10b. KIND OF BUSINESS OF INDUSTRIAL OF BUSINESS OF IND	RY 11. SIRTHHIACE (State or foreign car	12 entry of What COUNTRY?
physician and move carbon hours (fer de	13.	Pensama Klug	There's MAIDEN WAME	~ -,
0 5 6	is.	WAS DECEASED BYR IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INF	To A. Tresonord	Que Verstand Il
attendin n please t within 7		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). CARDIO VAS	CULAR RENAL	DISEASE INTERVAL BETWEEN ONSET AND DEATH
by the		Conditions, if any, which)		
sit perm		gove rise to immediate couse (a), stating the under-lying couse last.		
physicients physicients per inditrantal and individual and individ	CATION	SURGERY PROSTA		CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
rending fricate h the bur	L CERTIFI	20g. ACC-DENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II	of item 18)
al ar oll this cert r use as emation	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while at wark at wark	E OF INJURY (Home, form, 20f. (City at ry, street, affice bldg., etc.)	town) (County) (State)
ch ch ch ch ch ch ch ch ch ch ch ch ch c		21. I certify that I attended the deceased fram alive on 2. 24 C , 19 5 , and they death of	(1	the causes and on the date stated above.
d by the		ACTUAL Haller & Hunty Jam		pt, city ar tawn, stote] DATE SIGNED 23,446,55
RAL DIR shauld i		PHYSICIAN'S WALTER E, GUNBY JE	X	
may be page 3: the regis	20X	Spurial, CREMANION, 220 DATE THEREOF 220- GAME OF CENETERY OF CHIEFERY OF CHIE	CREMATORY A LOCATION	IN 15/19, 10wn, or country)
VS A15 (4) 15M 9/55	22	PUNSEAL DIRECTOR'S SIGNATURE ADDRESS MONTH	Andre Aug 2 5 '58	R 246. REGISTRAR'S SIGNATURE Orthury & Kraue
	-	0//	7	



7		MARYLAND STATE DEP	ARTM	ENT OF HEAD	LTH—BALTI	MORE, 1	8	096	120
1.		9032 CER	TIFICA	TE OF DEA	TH		Reg. Dist. N	(, - (
director,		PLACE OF DEATH b. COUNTY Dorchester MA	RYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased I	ved. If institution b COUNTY		fore admissi	on)
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge Life	VY IN 15		(If outside corporal)
urs after de by the fun d 2 should		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ambridge Maryland Hospital		/ d. STREET ADDRES	s ner's Cou	rt			PARM?
n 24 havr iiled in b es 1 and	3.	NAME OF First Mick DECEASED (Type or printBaby Girl	tle	lost Pelsen	4. DATE OF DEATH	Mont Aug	gust 8		^{(eor} 958
etely f	<u> </u>	emale Colored WIDOWED DIVOR	CED 🔲 J	uly 23rd.1	958	lost birthdoy) O yrs.	Months 10gy		R 24 HRS Min.
ond con popeer death.	L	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUS	Cambrid	ge,Maryla	nđ	U.S.		COUNTRY?
4 8 8 8 9	T	father's name homas Bolden			E. Pelse:	n			
eath certificatending physici	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY I 16. SOCIAL SECURITY I NO NO NO NO NO NO NO NO NO N		ecords, Cam	bridge Ma	Adda ryland F			
the deal e offend en plea nt within		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (PART I. DEATH WAS CAUSED BY: Terminal Bro		pneumonia			50.5	TERVAL BET NSET AND OGINES.	WEEN DEATH
es that is a by the mit. The any even		Conditions, if ony, which (b) Gastro-enter	ritis					72hrs	•
requir	7	lying course lost. Comparison of the under-lying course lost.						<u> </u>	
The law a physic has been been been been been been been bee	CERTIFICATION	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I					EN IN PART I(o)	PERFO	RMED?
clan: itendin tificote s the bo		20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY							
PHYSI o lar o o use o cremotio	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work	foci	CE OF INJURY (Home, lory, street, office bldg.	, etc.)		(Count		(State)
the hosp of the ho		21. I certify that I attended the deceased framIuly alive an August 8th 1958, and the		occurred at 10:					
RECTOIL De del		ACTUAL Eldridge Hi War	2//	a.s. 15 Locus	·	at, city or town, s	late)		18/58
SPITAL Coe retained in September 2 should gistrar pr		PHYSICIAN'S Eldridge H. Wolff, M.D.	71		ge, Maryl				
O HOS may b O FUNI the reg	L	Burial Cremation, 226. Date thereof 22c. Name of Co		у	Cambri	N (City, town, o	yland	(Stote	· · · · · · · · · · · · · · · · · · ·
VS A1S (4) 15M 9/S5	3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	dge,		AUG 2 5 '58		than's SIGNAT		
		ハイン アンデンマナー							

Might fliner

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMORE 18

	9033 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH
1	PLACE OF DEATH o. COUNTY Dorchester MARYLANG	2 USUAL RESIDENCE (Where deceased lived I if institution Residence before odn • STATE Laryland • COUNTY Dorcheste
	b. CITY OR TOWN Fourside corporate vm is, wide RURAL c LENGTH OF STAY IN 16 C ambor Ldge All life	/ Cambridge
	d NAME OF HOSPITAL OR INSTITUTION (I not a hospital, give street address) Dorchester County Jail	/d. STREET ADDRESS / 203 Peach Blossom Ave. 10k
3,	NAME OF DECEASED (Type or print) Vernon W. Pot	ter 4. DATE Month Doy
	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	11/2/13 The prince of the prin
	o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUduring most of working life, even if retired) Painter Painting	TIAN MOTHER'S MAIDEN NAME
1	Everett Potter	Hattie Hurst
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. Yes U.S. Army? 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	Agnes Potter _ Cambridge, Md.
	PART I. DEATH WAS CAUSED BY: 90 2.7 Respiratory Due to	Failure
/	PART J. DEATH WAS CAUSED BY: 100 2.7 PUE TO Conditions, if ony, which gove rise to immediate couse (b) Multiple pet (c), stoling the underlying pue TO	Failure echia brain stem cervical vertebrae 2 h

Jumped from one jail cell block to another, fell.

PRIMARY Ther CONTRIBUTING TO

220. BURIAL, CREMATION, 226 DATE THEREOF

| 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or fown) | White | Not white of work | Jall | Cambrid

Cambridge

Dor.

21. I certify that I taok charge of the remains described above, held on Autopsy . Inspection . Inquiry .

DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S NAME (Type)

John Mace Jr.

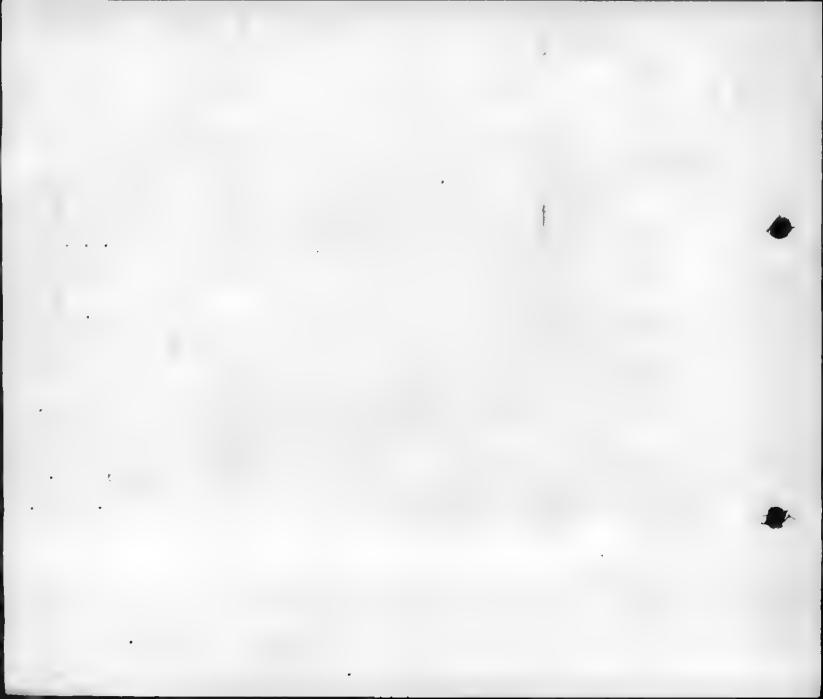
DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, fawn, or county)

(Stole)

246 REGISTRAR'S SIGNATURE

VS A15ME 5M 2/57



e. IS RESIDENCE ON A FARM?

Day

IF UNDER I YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🔃 NO 🔭

> > (Stote)

DATE SIGNED

(State)

Maryland

12 CITIZEN OF WHAT COUNTRY?

25

Doys

(County)

Months

YES NO

Year

19-0

Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) b. COUNTY Mary and Jorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should Andrews d STREET ADDRESS 24 puo 4. DATE Month DEATH Aug 9. AGE (In years lost birthday) WIDOWED DIVORCED ['emale White yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even it retired) Housewife H ome Lakesville Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 John H. Booze Mary L. Wells 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address None N. one Mrs Wiley Slacum Cambridge. 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (of DUE TO Conditions, if any, which Suy gave rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ô 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour a.m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 1950, that I last saw the deceased and that death occurred at A.M. from the causes and an the date stated above. **ACTUAL SIGNATUS** FUNERAL DIR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) bode REMOVAL (Specify) 27, 1958 Dorchester Hem. Cemetery Cambridge 23_FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Le Compte Funeral Service Cambridge Md. DATE

0 VS A15 (4) 15M 9/55

DIREC

direct

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filled

50 è

death. P.O

Pe

thot à



e. IS RESIDENCE ON A FARM? YES V NO

Reg. Dist. No.

246 REGISTRAR'S SIGNATURE

Critical S. France

240. REC'D BY REGISTRAR

FUNDER TYEAR IF UNDER 24 HRS Doys

Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A.

and in my

FOR STRIE HEALTH DIFT.

1

I

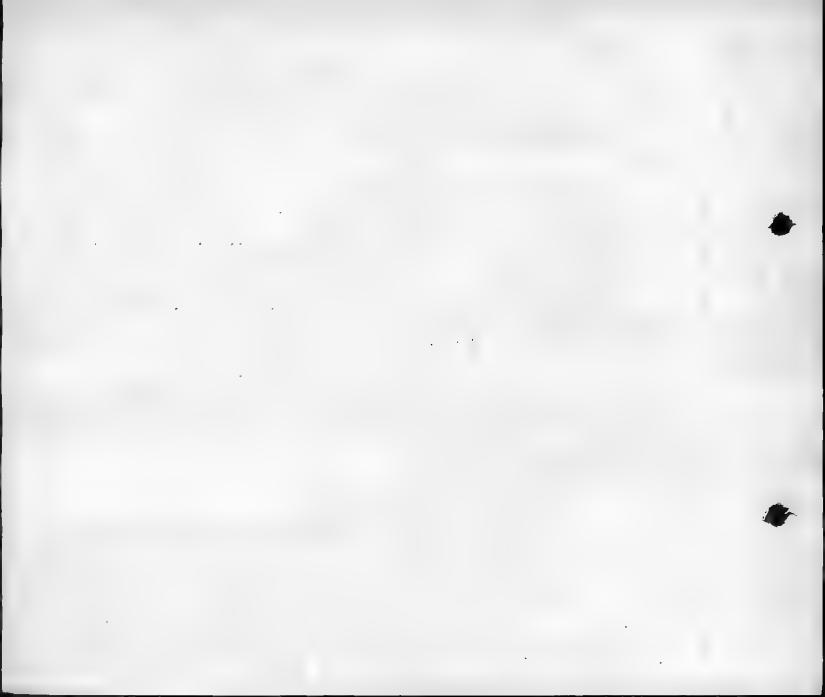
i any delay is necessary, please to the funeral director. Page y be retained for your files. It the State Boord of Health, State deoth. moy be re with the a burial-trans's permit. File pages I Give Pages h form PM3. in them, 18. Gire olang with f Chief Medical Examiner's 3 shauld be vied as a burita burial, cremail

DEPUTY MEDICAL EXAMINER: execute the certificate, with 4 should be forwarded TO FUNERAL DIRECTOR: 14 or its designated agent, p 2 5M 2/57

							Keg. Dist. No.	
I. PLACE OF DEATH				2 USUAL RESIDENCE	(Where decease	d lived If institute	on: Residence before o	idm'ss on)
e. COUNTY	Dorchester		MARYLAND	o STATE Mary	land	b. COUNTY	Dorchest	er
b CITY OR TOWN III	outside corporate i m is write	RURAL	c. LENGTH OF STAY IN 16	CITY OF TOWN	(If outside corp.	orate limits, write f	URAL and give neares	t lown)
and give reares fown	desdale - R	ural	Life			e - Rural		
d. NAME OF HOSPITA	AL OR INSTITUTION (f nat in hos	pital, give street address)	d. STREET ADDRESS		-		S RESIDENCE
Co	orkran Farm			/				ON A FARMS
3. NAME OF DECEASED	Fin	i t	M'ddle	Losi	4 DATE OF	Month	Day	Yeor
(Type or print)	Will	-	Levin	Stanley	DEATH	Augus	t 30	19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D A NEVER MARRIED B	. DATE OF BIRTH				NDER 24 HR
Male	Negro	WIDOWED	DIVORCED [Jamuary 21,	1910	48 yrs.	Months Doys Hou	m Min.
10a. USUAL OCCUPATIO	ON (Give kind of work on his even if retired)	dona 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slot	e ar foreign ca	untry)	12. CITIZEN OF WH	AT COUNTR
Farm Lal			Farm	Dorcheste	or Co.,	Md.	U.S.A.	
13. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME			-
Will	iam S. Star	lley		Minnie I	. Molo	ek		
15. WAS DECEASED EVE	ER IN U. 5 ARMED FOR		SOCIAL SECURITY NO 17 H	VFORMANT		Address		
No	311 Jans But was on mores of		14-32-5932 F	lora Stanley	Rhode	esdale, M	aryland	
18. CAUSE OF DEAT	TH Enter only one cau	se per line (ar (a), (b), and (c)				INTERVAL BE	TWEN
PART I. DEAT	H WAS CAUSED BY:	(Coronary occ	lusion			The	tont
420.1	DUE TO		002 01102 5 000	1401011			2,2167	0 110
Canditions, if or								
gave rise to immed	liate couse				******			-
(a), stating the s	(c)							
Z PART II, OTH			NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART MON 19. W	AS ALITOPSY
PART II, OTH 200, EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.							YES [REORMED?
PRIMARY OF CON	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in Po	ort I or Part 11 a	of item 18.)		
CAUSE OF DEATH.								
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yea			CE OF INJURY (Home, for	m, 20f. (City	or town)	(County)	(State)
Hour g.m.	19	While at wo	rk of wark	ary, street, office biog., en				
21. I certify th	of I took charge	of the r	emains described abo	ve, held an Autop	sy , In:	spection K.	Inquiry .	and in m
opinion death	resulted from. 1	Haturol c	ouses [X]. Accident [7, Suicide 17,	Homicide	, Undeler	mined monner	
1						the state of the s		and .
ACTUAL SIGNATURE	tohur.	220	The state of the s	M.D. CHIEF MEDICAL E	XAMINER [DAT	E SIGNED
			1	ASSISTANT MEDIC	CAL EXAMINER			
EXAMINER'S NAME (Type)	John Ma	ice, J	r., M.D.	DEPUTY MEDICAL	EXAMINER (8-30-58	
220. BURIAL, CREMATIO	N 226 DATE THEREO	F	72c. NAME OF CEMETERY OF		22d. LOCATI	ON (City, town, or	county) (S	iote)
REMOVAL (Specify) Burial	Sept. 2.	1958	Washington Co	emetery			Maryland	

J. J. Frampton and Son, Federal Sburg, Maryland

VS A15ME



24a. REC'D BY REGISTRAR

DATEAUG 1 8 '58

24b. REGISTRAR'S SIGNATURE

arithur S. Frank

VS A15 (4) 1SM 10/S7

No

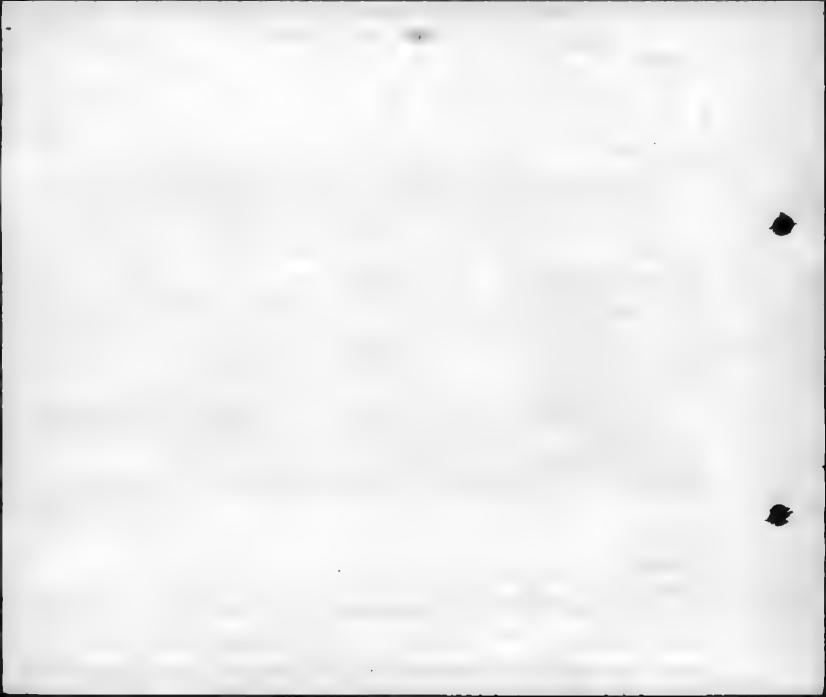
23 FUNERAL DIRECTOR'S SIGNATURE

J.J. Frampton and Son, Federalsburg, Maryland

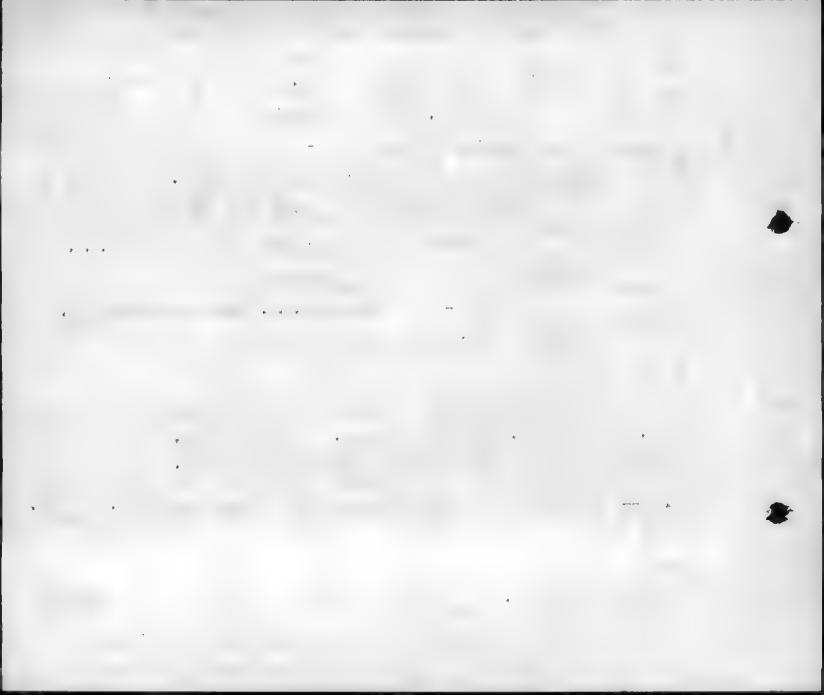


Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY -c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES | NO X Month Year Day 1958 1/0 TP UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? Address Eastern Shore State Hospital records INTERVAL BETWEEN ONSET AND DEATH JNK PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IT (County) (State) 1958 that I last saw the deceased and that deoth occurred at 955 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 30 22d. LOCATION (City, lawn, str county) (State) 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



			MARY	AND S	TATE DEPART	MENT O	F HEALT	H-BA	LTIMORE,	18	. 0.0 #4	
			9046 MI	EDICA	L EXAMINE	R'S CER	TIFICA	TE OF	DEATH	Reg. Dist. N	.0904	3
	1, Pl	ACE OF DEATH				13		(Where deceas	ed lived. If Institu		efore admission)	
	Q.	COOMI	Derchester	P .	MARYLA	IND O. STA	Md.		b. COUNT	Wicomio	20	
	b.	CITY OR TOWN ((if subide corporate limits, wri	te RURAL	c. LENGTH OF STAY IN	lb c. CIT	Y OR TOWN ((If autside cor	porote limits, write	RURAL and give	neorest town)	Y'
Z		Cambrid			10 Mo.		Watery	iew		, , ,		_
) d.		Shore Stat		pital, give street address)	d. STR	REET ADDRESS				e. IS RESIDENC ON A FARM' YES NO	?
	3. N	AME OF ECEASED		a Troof	Middle		Lost	4. DATE	Month	Day	Year	A.
	(1	POPE OF Print	Margaret	1 472		Webste		OF DEATH			19 KR	
	5. SE		0	7. MARRIE	D NEVER MARRIED				9. AGE (In years	IF UNDER TYEAR	·	15
		F	W	WIDOWE	DIVORCED	11/2	28/188		75 yrs.	Months Days	Hours Min.	
	10a.	USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. 81R	THPLACE (Stol	or foreign o	ountry)	12. CITIZEN C	F WHAT COUNT	XY?
	- ac	House	alfe		Own home		Maryla			71.	S.4.	
_	13. [ATHER'S NAME	Josep.	h Dav	is	14. MOTH	HER'S MAIDEN					
			Medicacanasc.	XX			Unknow	רמ				
[]			VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. INFORMAN		***	Address			_
-	(106,	no, er unknown)	(If yes, give wor or dales o	: Service;	-	Recor	eds E.S	S. Ho	spital, C	ambridge	. Mcl .	
		18. CAUSE OF DE	ATH [Enter only one co	use per line	for (o), (b), ond (c).)					INT	ERVAL BETWEEN SET AND DEATH	
			ATH WAS CAUSED BY:	1/	tyocardial f	ailura				GN:	SEI AND DEATH	
			IMMEDIATE CAUSE (d	'								
	Conditions, if any, which gove rise to immediate couse											
	(o), stoting the underlying DUE TO couse lost.											
	Z C				INTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TER	MINALDISEAS	E CONDITION GIV	EN IN PART I(o)	19 WAS AUTOPS	Y
8 5	CATIC	Che bi	rain syndro	me. Se	nile brain	disease.	Fra	cture !	numerus.		PERFORMED?	de-
	FIC				HOW INJURY OCCURR						130 🖂	-
	CERTIF	20g. EXTERNAL CAPRIMARY OF CO	ONTRIBUTING T	Fou	und in bed w	ith arm	swolle	n and	painful.			
	_	20c. TIME OF INJU		ear 20d I	NJURY OCCURRED 20e	PLACE OF INJU	URY (Home, for	rm, 120f. (City	or town)	(County)	(Stote)
	WEDICAL	Hour o. m.	5/21/5819	While	Not while	factory, street,	_			Down	263	
	≨ .	(-30			rk at work	Hospits			mbridge_	Dor.	Md.	-
		•		-	remains described		*	10000], and find th	lai
		death resulte	d from Natural	causes 🎦	, Accident [],	Suicide [,	, Homicia	ie ∐, U	ndetermined o	ouse [_].		
		ACTUAL		7		0					DATE SIGNED	
		SIGNATURE	John	- K	de ce	M.U.	HEF MEDICAL	_	_			
-		EXAMINER'S	/ value 25	T			SISTANT MEDI	-			0.1-1-1-	
		NAME (Type)	John Mace				PUTY MEDICA				8/2/58	
	220.	BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THERE	OF C	22c. NAME OF CEMETER	Y OR CREMATO	RY		TION (City, town,		(Stote)	
		Serve	8/2/3	8	Furner's	Cem.			nticoke,			
	23. I	PARAL DIRECTO	R'S SIGNATURE	de.	ADDRESS	1	240. RE	C'D 8Y REGIS	TRAR 24b. REGIS	STRAR'S SIGNATU	IRE /	
	6	. N. N	source,	13um	very MI	7.	DATE	AUG 6	'5B U	Wheav	eh	



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9035	CERTIFICATE	OF	DEATH	

				Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Y	Where deceased live	d. If institution: R	Residence before o	dmissianj
Dorchester Co	MAKTLANI	Marvla	and		orcheste	r Co.
 CITY OR TOWN (If autside carporate limits RURAL and give nearest town) 		c. CITY OR TOWN (III	f autside corporate			
Gambridge	Life	Cambridge	1			
d. NAME OF HOSPITAL (If not in hospital, girls in the cambridge Maryland III	ve street address)	216 A Cademy	CT.			S RESIDENCE
		ZLO cademy	St.		1	ES NO
NAME OF First DECEASED (Type or print)		* Lost	4. DATE OF DEATH	Month	Day	Year
FOUTUES		Wheeler.		CF (I) DEL	JNDER 1 YEAR IF	1958
SEA O. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	7. fc			ours Min.
THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	WIDOWED DIVORCED	1/22/1881		7)1. yrs.	52/3	dois Will.
 USUAL OCCUPATION (Give kind of work di during most of warking life, even if retired) 				7)	12. CITIZEN OF V	VHAT COUNT
Waterman	<u> Waterman</u>	Marylai			U.S.A	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Thomas H. Whee		Margaret	Lowry.			
[Yes, no, or unknown] [If yes, give wor or dotes of ser		, INPORMANT		Address		Md.
NO NO	unknown	Mrs. Rufus I	Wheeler.	276 400	demy St.	Cambri
18. CAUSE OF DEATH [Enter only one cou		A				AL BETWEEN
PART I. DEATH WAS CAUSED BY:	2000	11-		_	ONSET	AND DEATH
IMMEDIATE CAUSE (a)	Carryon	wer flie	rg/		10	mou,
160 N DUE TO	- the	+	1			
Conditions, if ony, which)	unio n	20000000	-0-	7		
gave rise to immediate						
cause (a), stating the under-						
lying cause last. (c).				· · · · · · · · · · · · · · · · · · ·		
PART II. OTHER SIGNIFICANT COND	HTIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE CO	NOTION GIVEN I	P	VAS AUTOPSY ERFORMEDS
PART II. OTHER SIGNIFICANT COND 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II at	Fitem 18.)		
20c. TIME OF INJURY Month, Day, Year Haur o. m.	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, for	205 (City - 1		40	704
Haur a. m.	While _ Not while _	factory, street, office bldg., et	tc.) !	awnj	(County)	(State
p. m. 19	at work at work		1			
21. I certify that I attended the	deceased from 10/16	1058 10	8/26	195X,th	at I fast same	Ab
X/ 2/					at I last saw	
alive on	, 1922, and that dea	th accurred at/	4_M, from th			stated abo
1			ADDRESS (Street,	city or tawn, state	e)	DATE SIGN
SIGNATURE	The last	40 104	4000	10	and the same of th	0/29/
, , / , /						and for
PHYSICIAN'S NAME (Type)	ANKS	(AM	BRID	GE	MARY	LAN)
20. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, tawn, ar car	unty)	(State)
REMOVAL (Specify)	0.11.20					11
Burial 8/28/58.	Cambridge Ce		L Cambri		Maryland,	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAI	R'S SIGNATURE	
Le Compte Funeral Se	rvice Cambridge,	Md. DATES	FP 2 '58	arthur	2 & Heart	



MEASUROUTE OF BEAST with the same and the same and

Files. Heolth,

the funeral different be relained far your fi

mit-Eile with form

per

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		U	J	U	4	ł
Reg.	Dist.	No.				

COUNTR

		ACE			
_				L	0
	L	CITY	OD	TANAINE	24.0

rehester -Telbot

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester

CITY OR TOWN (If pulside corporale limits, write PUPAL and over negrest town Chootank River

c. LENGTH OF STAY IN 16

Cambridge

2 Ross Court

4. DATE

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

A STREET ADDRESS

 IS RESIDENCE ON A FARM? YES T NO TO

Yeor

NAME OF DECEASED	First				
(Type or print)	Elmer	V			
, SEX	6. COLOR OR RACE	7. MARRIED			
Male	White	WIDOWED F			

William Wvatt HED TO NEVER MARRIED 1 8. DATE OF BIRTH OF DEATH 9. AGE (In years

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month

Aug. 10.1958 19 IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Days Months Hours Min

Male White DIVORCED T

Middle

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)
City Disposal Plant employee Sharptown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

INTERVAL BETWEEN

Instant

(Stole)

DATE SIGNED

(Stole)

13. FATHER'S NAME

cause last.

14. MOTHER'S MAIDEN NAME

Elizabeth Cooper

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Drowning

17. INFORMANT

Mrs. Betty M. Wyatt, 2 Ross Court, Cambridge, Md.

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Canditions, if any, which

gave rise to immediate couse DUE TO (a), stating the underlying

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

Thomas Wyatt

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS

PERFORMED? NOX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.)

200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED Not while at work of work Choptank river Cambridge.

in motor boat which overturned. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) foctory, street, office bldg., etc.)

Dor. Md. 21. I certify that I taak charge of the remains described above, held an Autapsy 🗍 Inspection 🖾 Inquiry 🗍 and in my opinion deoth resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner

ACTUAL SIGNATURE John Mace Jr.

ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER [7]

22d. LOCATION (City, town, or county)

REMOVAL (Specify) Buria

NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Dorchester Memorial Park Cambridge . Md . 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Thous

should be farword FUNERAL DIRECTO 0

VS. A15ME 5M 2/57

